

## Best Available Copy

| CLAIMS ONLY  |  |          |        |                       |        | Application Number<br>10/621190                   |        | Filing Date |        |       |        |
|--------------|--|----------|--------|-----------------------|--------|---|--------|-------------|--------|-------|--------|
|              |  |          |        |                       |        | Applicant(s)                                      |        |             |        |       |        |
|              |  |          |        |                       |        | * May be used for additional claims or amendments |        |             |        |       |        |
| CLAIMS       |  | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT                            |        |             |        |       |        |
|              |  | Indep    | Depend | Indep                 | Depend | Indep   | Depend | Indep       | Depend | Indep | Depend |
| 1            |  |          |        |                       |        |   |        |             |        |       |        |
| 2            |  |          |        |                       |        |   |        |             |        |       |        |
| 3            |  |          |        |                       |        |   |        |             |        |       |        |
| 4            |  |          |        |                       |        |   |        |             |        |       |        |
| 5            |  |          |        |                       |        |   |        |             |        |       |        |
| 6            |  |          |        |                       |        |   |        |             |        |       |        |
| 7            |  |          |        |                       |        |   |        |             |        |       |        |
| 8            |  |          |        |                       |        |   |        |             |        |       |        |
| 9            |  |          |        |                       |        |   |        |             |        |       |        |
| 10           |  |          |        |                       |        |   |        |             |        |       |        |
| 11           |  |          |        |                       |        |   |        |             |        |       |        |
| 12           |  |          |        |                       |        |   |        |             |        |       |        |
| 13           |  |          |        |                       |        |   |        |             |        |       |        |
| 14           |  |          |        |                       |        |   |        |             |        |       |        |
| 15           |  |          |        |                       |        |   |        |             |        |       |        |
| 16           |  |          |        |                       |        |   |        |             |        |       |        |
| 17           |  |          |        |                       |        |   |        |             |        |       |        |
| 18           |  |          |        |                       |        |   |        |             |        |       |        |
| 19           |  |          |        |                       |        |   |        |             |        |       |        |
| 20           |  |          |        |                       |        |   |        |             |        |       |        |
| 21           |  |          |        |                       |        |   |        |             |        |       |        |
| 22           |  |          |        |                       |        |   |        |             |        |       |        |
| 23           |  |          |        |                       |        |   |        |             |        |       |        |
| 24           |  |          |        |                       |        |   |        |             |        |       |        |
| 25           |  |          |        |                       |        |   |        |             |        |       |        |
| 26           |  |          |        |                       |        |   |        |             |        |       |        |
| 27           |  |          |        |                       |        |   |        |             |        |       |        |
| 28           |  |          |        |                       |        |   |        |             |        |       |        |
| 29           |  |          |        |                       |        |   |        |             |        |       |        |
| 30           |  |          |        |                       |        |   |        |             |        |       |        |
| 31           |  |          |        |                       |        |   |        |             |        |       |        |
| 32           |  |          |        |                       |        |   |        |             |        |       |        |
| 33           |  |          |        |                       |        |   |        |             |        |       |        |
| 34           |  |          |        |                       |        |   |        |             |        |       |        |
| 35           |  |          |        |                       |        |   |        |             |        |       |        |
| 36           |  |          |        |                       |        |   |        |             |        |       |        |
| 37           |  |          |        |                       |        |   |        |             |        |       |        |
| 38           |  |          |        |                       |        |   |        |             |        |       |        |
| 39           |  |          |        |                       |        |   |        |             |        |       |        |
| 40           |  |          |        |                       |        |   |        |             |        |       |        |
| 41           |  |          |        |                       |        |   |        |             |        |       |        |
| 42           |  |          |        |                       |        |   |        |             |        |       |        |
| 43           |  |          |        |                       |        |   |        |             |        |       |        |
| 44           |  |          |        |                       |        |   |        |             |        |       |        |
| 45           |  |          |        |                       |        |   |        |             |        |       |        |
| 46           |  |          |        |                       |        |   |        |             |        |       |        |
| 47           |  |          |        |                       |        |   |        |             |        |       |        |
| 48           |  |          |        |                       |        |   |        |             |        |       |        |
| 49           |  |          |        |                       |        |   |        |             |        |       |        |
| 50           |  |          |        |                       |        |   |        |             |        |       |        |
| Total Indep  |  |          |        | 3                     |        |   |        |             |        |       |        |
| Total Depend |  |          |        | 15                    |        |   |        |             |        |       |        |
| Total Claims |  |          |        | 18                    |        |   |        |             |        |       |        |